

# THE B A ADVANTAGE

October 2003 Open Enrollment

SOUTH CAROLINA BUDGET AND CONTROL BOARD — EMPLOYEE INSURANCE PROGRAM

## We're here for your enrollment meetings

During September and October, Employee Insurance Program (EIP) Field Services staff will be available to meet with your employees to update them on insurance changes for 2004. This may be done through enrollment meetings, presentations and benefits fairs. They will be happy to schedule one of these events for you *at no charge to you*. Be sure to allow at least one hour for their presentation, and don't forget to invite the representatives of any HMOs available in your service area. A list of contacts is below.

**Act now!** Available dates are limited, and scheduling is on a first-come, first-serve basis. Contact Karen Sanders at 803-734-1440 (toll-free at 1-888-260-9430), or e-mail her at [ksanders@eip.state.sc.us](mailto:ksanders@eip.state.sc.us) for details.

Field Services will also have a Microsoft® PowerPoint® presentation, outlining the plan changes, available on the EIP Web site at [www.eip.state.sc.us](http://www.eip.state.sc.us). If you have any problems downloading the file, contact Joan McGee at 803-734-0578 (toll-free at 1-888-260-9430), or e-mail her at [jmcgee@eip.state.sc.us](mailto:jmcgee@eip.state.sc.us).



## Important enrollment information to help you

Below is some important information to help you through the 2003 open enrollment. The Employee Insurance Program (EIP) has updated enrollment forms, clarified some enrollment procedures and expanded its onsite services to facilitate the enrollment process.

### Onsite enrollment offered

During open enrollment, EIP staff will be going to designated worksites, equipped with laptop computers, to enroll employees onsite. Employees will be enrolled automatically upon presenting their Notice of Election forms (NOEs), or benefits administrators may collect the NOEs from their employees beforehand. EIP staff will key the enrollment data directly into the EIP database. Contact Denise Hunter, EIP Operations, at [dhunter@eip.state.sc.us](mailto:dhunter@eip.state.sc.us) or call 803-734-0575 (toll-free at 1-888-260-9430) for more information.

### Who to call for enrollment meetings

EIP .....	Karen Sanders .....	803-734-1440
Companion .....	Pat Pruett .....	803-382-5252
CIGNA .....	meeting coordinator .....	<a href="mailto:scbenefitmanager@cigna.com">scbenefitmanager@cigna.com</a> or (FAX) 1-877-895-1077
MUSC Options .....	Donna Arndt .....	803-382-5469

### CONTENTS

What your employees can do during enrollment .....	2
What you can expect to receive .....	3
Student/incapacitated child certification .....	4
TRICARE Supplement .....	5

Employees killed in the line of duty .....	5
Helpful NOE information .....	6
SLTD salary updates .....	8
MoneyPlu\$ change-in-status guidelines .....	9

Estimating MoneyPlu\$ deductions .....	9
New Web site coming soon .....	11
Benefits statement changes .....	12



Continued on page 6

# What your employees can do during open enrollment ...

## Health Insurance

- Change from one health plan to another. Choices this year are:
  - **State Health Plan Standard and Economy plans;**
  - **Companion HMO;**
  - **CIGNA HMO;**
  - **Companion Choices** (point-of-service plan);
  - **MUSC Options;**
  - Retirees and dependents eligible for Medicare may also choose the **Medicare Supplemental Plan.**

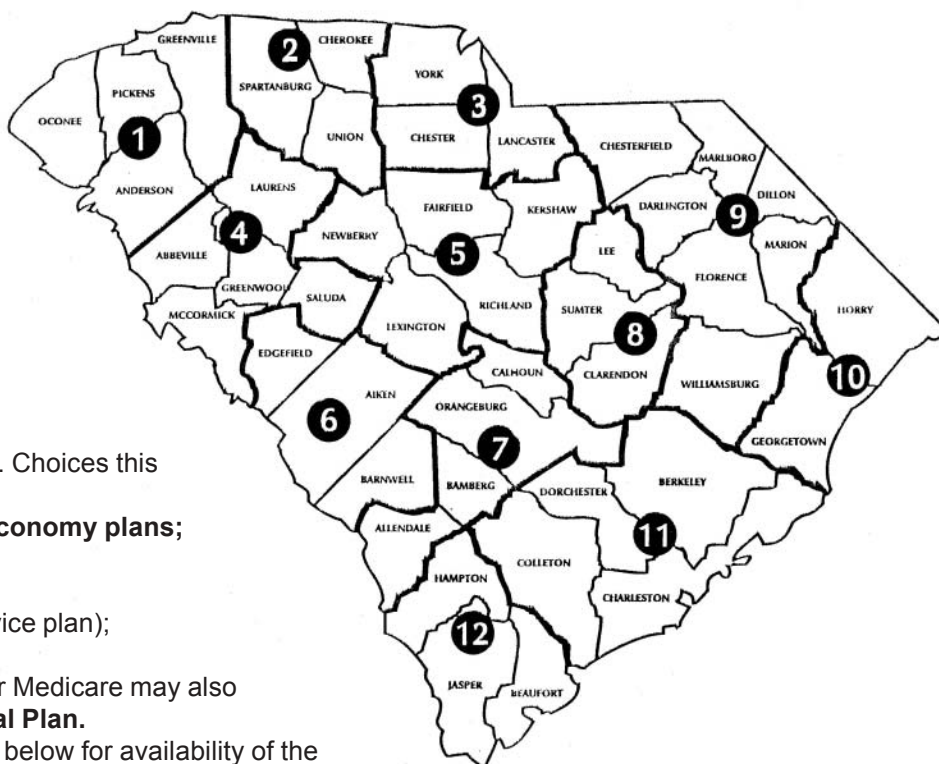
Refer to the service area map and chart below for availability of the Companion and CIGNA plans. Availability is based on the service area in which the employee *works* or *resides*. Anyone currently enrolled in the CIGNA point-of-service plan, which will not be available in 2004, will need to enroll in another plan.

Employees, who are already enrolled in the health plan of their choice, do not have to do anything.

- Enroll themselves and eligible dependents (subject to an 18-month pre-existing limitation, unless within 31 days of special eligibility situation—a certificate of prior coverage may be used to reduce the pre-existing limitation period).
- Cancel or drop coverage for themselves and their dependents.
- Retirees and their dependents and survivors, who are entitled to Medicare, may enroll in or change from one health plan to another, including the Medicare Supplemental Plan.

## Dental/Dental Plus

- Employees may enroll in or drop their State Dental Plan coverage and add or drop dependents.
- Employees may enroll in or drop Dental Plus and add or drop dependents.



Continued on page 3

AREA	COUNTIES	HEALTH PLAN CHOICES
1	Anderson, Greenville, Oconee, Pickens	State Health Plan, Companion-Choices POS, CIGNA HMO
2	Cherokee, Spartanburg, Union	State Health Plan, Companion-Choices POS, CIGNA HMO
3	Chester, Lancaster, York	State Health Plan, Companion HMO, CIGNA HMO
4	Abbeville, Greenwood, Laurens, McCormick, Saluda	State Health Plan, Companion HMO
5	Fairfield, Kershaw, Lexington, Newberry, Richland	State Health Plan, Companion HMO, CIGNA HMO
6	Aiken, Barnwell, Edgefield	State Health Plan, Companion HMO
7	Allendale, Bamberg, Calhoun, Orangeburg	State Health Plan, Companion, HMO, CIGNA HMO
8	Clarendon, Lee, Sumter	State Health Plan, Companion HMO, CIGNA HMO
9	Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro, Williamsburg	State Health Plan, Companion HMO, CIGNA HMO
10	Georgetown, Horry	State Health Plan, Companion HMO, CIGNA HMO
11	Berkeley, Charleston, Colleton, Dorchester	State Health Plan, Companion HMO, CIGNA HMO, MUSC Options
12	Beaufort, Hampton, Jasper	State Health Plan, Companion HMO, CIGNA HMO

# Here's what you can expect to receive:

## Employee Insurance Program

(803-734-0678 or 1-888-260-9430)

- Benefits statements will be sent to you mid-to-late September.
- *The Insurance Advantage* will arrive before October 1.
- Notice of Election forms (NOEs) will not be sent out in bulk this year. They are available in an interactive format on the EIP Web site at [www.eip.state.sc.us](http://www.eip.state.sc.us), and printed copies are available upon request by contacting Brad Smith, EIP Supply, at 803-734-0607 (toll-free at 1-888-260-9430).

*Note: EIP will not be producing a benefits video this year.*

Don't forget! Most of the forms you need for open enrollment are available on the EIP Web site at [www.eip.state.sc.us](http://www.eip.state.sc.us).

## HMOs (CIGNA and Companion)

**CIGNA HealthCare** (e-mail [scbenefitmanager@cigna.com](mailto:scbenefitmanager@cigna.com))

- Printed provider directories will not be sent this year; however, the CIGNA provider directory is available online at [www.cigna.com](http://www.cigna.com) or at [www.scbenefitmanager@cigna.com](mailto:scbenefitmanager@cigna.com), your customized link, as a benefits administrator, to CIGNA's Web site. Printed copies are available upon request by completing your materials request form (see below) or by e-mailing to the address above.
- A "Benefit Manager's Kit" that contains the following was given out at the Benefits at Work 2003 (BAW) conference. (If you did not attend the conference, e-mail CIGNA at the address above to order your free kit):
  - Materials Request Form—a form for you to order enrollment information, forms, posters, booklets, provider directories, etc.
  - "Workplace and Partners" newsletter—an informational publication for benefits administrators, with enrollment planning tips, tips on communicating benefits to your employees and information on how your employees can register for MyCIGNA.com.
  - "Workplace Partners" calendar—a 16-month planning calendar, just for you.
  - Sample workplace poster to announce upcoming enrollment meetings (order using the Materials Request Form).
  - Sample benefits booklet—quantities will be shipped to you in late September to distribute to your employees (order using the Materials Request Form).
- Reminder postcards will be mailed directly to current subscribers during enrollment.



## What your employees can do

[Continued from page 2](#)

### Optional Life

- Employees not enrolled can enroll for up to \$30,000 (in \$10,000 increments) without medical evidence of good health; they can enroll for more than \$30,000 with medical evidence (up to \$500,000).
- Employees currently enrolled can increase coverage up to an additional \$30,000 (in \$10,000 increments) without medical evidence. They can increase coverage more with medical evidence (up to \$500,000).

### Long Term Care

- Enroll in, change or increase coverage without medical evidence of good health.
- Enroll spouses, parents and parents-in-law with medical evidence.

### MoneyPlu\$

- Employees *must* enroll or re-enroll to participate in the Medical Spending and/or Dependent Care accounts in 2004.
- Contribute more to a Medical Spending Account in 2004. Employees will be able to contribute up to \$5,000 (increasing from \$3,000).

[Continued on page 10](#)

# 2004 Changes for student and incapacitated child certification

Coverage for dependent children ends at age 19, unless the child is certified as a *full-time student* or as an *incapacitated child*. The policies and procedures regarding both the student certification and incapacitated child certification processes will change effective January 1, 2004. Following is a summary of the changes.

Revised forms for both are available on the Employee Insurance Program (EIP) Web site at: [www.eip.state.sc.us](http://www.eip.state.sc.us). Your employees should begin using these forms during open enrollment. If you have any questions regarding the new policies and procedures, please contact the EIP Customer Service team at 803-734-0678 (toll-free at 1-888-260-9430).

## Student Certification

### Eligibility

- Students must be enrolled and attending an accredited high school, vocational/trade school or college/university *full-time*, as defined by the institution they attend.
- While summer school is not required for maintaining student status, dependents who enroll in

summer school full-time may become eligible. However, they may subsequently lose eligibility if they do not maintain their student status the following semester/quarter.

- Adult education night classes and correspondence courses do not constitute full-time attendance.
- Students may no longer "sit out" a semester, trimester, etc., and maintain insurance eligibility.
- Student certification eligibility ends at age 25.

### Certification process when:

- **Eligible, covered dependent child turns age 19.** EIP will send a Student Certification letter to the benefits administrator (either via the Web or the mail) approximately 90 days before the dependent's 19<sup>th</sup> birthday. This form letter must be completed and returned to EIP within 31 days of the child's 19<sup>th</sup> birthday, along with verification of student status (on letterhead) from the institution. If the child's 19<sup>th</sup> birthday occurs during the summer months, the subscriber should select the pending status option on the Certification letter, return it to EIP and later submit verification from the institution by October 1.
- **Child returns to student status.** A dependent, age 19-24, who regains eligibility by returning to full-time student status, may be re-enrolled by submitting a Notice of Election (NOE) form, along with a verification of student status (on letterhead) from the institution, within 31 days of eligibility.
- **New employee with eligible dependents.** Newly hired employees, who wish to enroll an eligible dependent who meets the student status requirement, should attach to their NOE a verification of student status (on letterhead)

from the institution. If hired during the summer months, the subscriber should select the pending status option on the EIP Student Certification form and later submit verification from the institution by October 1.

## Incapacitated child certification

### Eligibility

- The child must be covered at the time of incapacitation.
- The child must be unmarried to be eligible and must remain unmarried to continue eligibility.
- The child must be incapable of self-sustaining employment because of mental illness, retardation or physical handicap, remaining principally dependent on the covered employee, retiree, survivor or COBRA subscriber for support and maintenance.
- The incapacitation must be permanent.
- Incapacitation must be established within 31 days of the child's 19<sup>th</sup> birthday or within 31 days of loss of student status.

### Certification process

- An Incapacitated Child Certification Form must be completed by both the subscriber and the attending physician and then forwarded to EIP for review.
- Verification of student status must be provided on the institution's letterhead.

## Reviews

EIP conducts periodic reviews of covered dependents for continued eligibility. EIP will cancel coverage for those found to be ineligible. The cancellation of coverage may be retroactive, and EIP may seek repayment of any benefits paid on behalf of an ineligible dependent.





## TRICARE Supplement— A plan that makes sense

Beginning January 1, 2004, the TRICARE Supplement plan will be offered to TRICARE-eligible employees as an alternative to the State Health Plan (SHP) and HMOs. Eligible employees must drop their SHP or HMO coverage to enroll in the TRICARE Supplement plan, which will be administered by the Association & Society Insurance Corporation.

### Who is eligible?

TRICARE is a medical plan provided by the U.S. Department of Defense. Eligible employees must be:

- Military retirees, ages 38 - 64, their spouses or surviving spouses and their unmarried, dependent children under age 21 (or 23 if full-time students);
- Retired reservist, Guardsman and their families, if the reservist is age 60 or older and has at least 20 creditable years of military service;
- Registered with the Defense Enrollment Eligibility Reporting System (DEERS);
- Not eligible for Medicare.

### What is the TRICARE Supplement plan?

The TRICARE Supplement plan provides TRICARE subscribers additional coverage that pays 100 percent of the member's out-of-pocket costs. The plan is employer-funded and provided at no cost to eligible subscribers. Some of the plan's features include:

- No pre-existing condition exclusions;
- No plan deductibles or out-of-pocket expenses;
- Freedom of choice—subscribers can choose to see any TRICARE authorized civilian doctor or specialist;
- Portability—they may take the coverage with them wherever they go.
- Pharmacy benefit (retail and mail order);
- Guaranteed issue—all eligible employees may join.

### It's a great option for employers

The employer premiums for TRICARE Supplement are *lower* than those for the State Health Plan or HMOs. As an employer, it's a great cost-saver for your organization's budget!

### It's a great option for employees

Regardless of the level of coverage, there are *no premiums* for the employee to pay—**it's free!** In addition, employees who enroll in the TRICARE Supplement plan will still be covered under Basic Life Insurance and Long Term Disability.

### Important enrollment reminders:

- The TRICARE Supplement plan is only available to qualifying active employees and non-Medicare retirees.
- Qualifying employees may elect the TRICARE Supplement plan on their Notice of Election forms this open enrollment. Please ensure your retired military employees understand this excellent option will be available to them.
- Employees who change from the SHP or an HMO to the TRICARE Supplement plan must notify TRICARE by completing the required forms.
- The DEERS eligibility record for each family member must be current.
- Upon enrollment, subscribers will receive a packet with their certificate of insurance, identification card, claim forms and instructions on how to file.

## Notify EIP when a covered employee is killed in the line of duty

In the July 2003 issue of *Insight*, we announced new legislation that waives health insurance premiums for one year for a covered spouse or dependent child of a covered employee, who is/was killed in the line of duty after December 31, 2001, and while working for a state-covered entity. Following the one-year waiver, the surviving spouse or dependent child may continue coverage, *at the employer-funded rate*, as long as eligible.\*

Please notify the Employee Insurance Program (EIP) whenever a covered employee is killed in the line of duty so that we may offer the correct coverage to their eligible surviving spouses and dependents. Call EIP at 803-734-0678 (toll-free at 1-888-260-9430).

*\*Note: If the employer of the covered, deceased individual is a local subdivision, the surviving spouse or dependent child should contact the employer for premium information.*

### Enrollment questions?

Call EIP at  
803-734-0678  
or toll-free at  
1-888-260-9430



## Enrollment information

Continued from page 1

### New NOEs are available

All of the NOE forms have been updated for 2004 and are now available on the EIP Web site at [www.eip.state.sc.us](http://www.eip.state.sc.us). Employees may complete them in one of two ways:

- ✓ **Interactively**—Type information directly into the spaces provided, print the completed form, sign it and submit it to you, the benefits administrator;
- ✓ **Manually**—Print the form, fill it out by hand and submit it.

Employees should exercise care when checking a **box** to a selection for which only one choice is allowed (such as choice of health plan). The interactive NOE has no safeguard for preventing more than one box from being checked.

Employees who have Internet access are encouraged to use the interactive NOE on the EIP Web site. However, for employees who do not have access to the Web, printed NOEs (for active employees and part-time teachers) are available to benefits administrators by contacting Brad Smith, EIP Supply, at 803-734-0607 (toll-free at 1-888-260-9430). Retirees, survivors and COBRA subscribers should access NOEs on the EIP Web site or contact EIP directly to have a form sent to them.

### Tips for completing NOEs

#### General tips

- ✓ Use black ink when filling out by hand.
- ✓ During open enrollment, write "OE" (for "open enrollment") at the top of the NOE.
- ✓ Mark only the benefits for which changes are being made.
- ✓ Review the NOE for accuracy, required documentation and for your signature and the employee's.

#### TRICARE Supplement

- ✓ The TRICARE Supplement plan is included under the health plan choices.

#### When designating HMOs

- ✓ When designating an HMO (with or without the point-of-service option), write the full name of the HMO: *Companion HMO, Companion Choices, CIGNA HMO or MUSC Options*.
- ✓ Do not forward a copy of the NOE to the HMO. The new form no longer includes a space to designate a primary care physician. Instead, the HMOs will work directly with subscribers in designating their physicians.

#### Listing dependents

- ✓ List those dependents to be covered when making health or dental changes and note those dependents who are to be dropped, such as a dependent who is no longer eligible.

SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD EMPLOYEE INSURANCE PROGRAM (EIP) ACTIVE NOTICE OF ELECTION (NOE)												
A. ACTION	CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> New Hire <input type="checkbox"/> Change <input type="checkbox"/> Transfer					Address Change: _____ Other Changes (Specify): _____ Date of Occurrence: _____ SSN Change - Incorrect #: _____ (Attach Copy of Card) Name Change - Prior _____		BA USE ONLY Effective Date: _____ Group ID #: _____ Group Name: _____		MONEY PLUS <input type="checkbox"/> Yes <input type="checkbox"/> No		
	1. Social Security Number					2. Last Name		3. Suffix	4. First Name		5. M.I.	
	6. Medicare Number Part A Date _____ Part B Date _____					7. Birthdate MMDDYYYY		8. Sex <input type="checkbox"/> M <input type="checkbox"/> F	9. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		10. Phone # ( ) _____	
B. ENROLLEE	11. Mailing Address					12. Apt.	13. City	14. St	15. Zip Code	16. County Code	17. Annual Salary	18. Date of Hire MMDDYYYY
	IT IS YOUR RESPONSIBILITY TO SELECT THE APPROPRIATE INSURANCE COVERAGE(S). SEE THE INSTRUCTIONS BEFORE MAKING YOUR CHOICE(S). Alterations in this section are not allowed.											
C. COVERAGE	19. HEALTH (Refuse or select one plan and one category.) Plan: <input type="checkbox"/> Refuse (See Block 24) <input type="checkbox"/> Economy <input type="checkbox"/> Standard <input type="checkbox"/> Tricare Supplement <input type="checkbox"/> HMO Category: <input type="checkbox"/> Enrollee <input type="checkbox"/> Enrollee/Spouse <input type="checkbox"/> Enrollee/Child(ren) <input type="checkbox"/> Family (For Non-Medicare Employees with Tricare)					20. DENTAL (Select One) <input type="checkbox"/> Refuse <input type="checkbox"/> Enrollee <input type="checkbox"/> Enrollee/Spouse <input type="checkbox"/> Enrollee/Child <input type="checkbox"/> Family		21. DENTAL PLUS <input type="checkbox"/> Yes <input type="checkbox"/> No 21. DEPENDENT LIFE-CHILD(REN) (Select One) <input type="checkbox"/> Refuse <input type="checkbox"/> \$10,000		22. DEPENDENT LIFE- SPOUSE (Refuse or enter coverage level) <input type="checkbox"/> Refuse <input type="checkbox"/> Coverage Level \$ _____ (Must be in increments of \$10,000)		23. OPTIONAL LIFE (Refuse or enter coverage level) <input type="checkbox"/> Refuse <input type="checkbox"/> Coverage Level \$ _____ (Must be in increments of \$10,000)
	24. BASIC LIFE/BASIC LTD Automatically Provided With Health Coverage. If Health Coverage Is Refused, Benefits Are Forfeited.											
D. DEPENDENTS	LIST SPOUSE AT ALL TIMES. LIST ALL CHILDREN TO BE COVERED UNDER EITHER HEALTH/DENTAL OR DEPENDENT LIFE PLAN. IF THEY ARE NOT LISTED, THEY WILL NOT BE COVERED. INDICATE STATE EMPLOYEE WITH CHECK AFTER DEPENDENT SSN.											
	ADD/DEL	25. DEPENDENT SSN, MEDICARE NO. & EFFECTIVE DATES		<input checked="" type="checkbox"/>	DEPENDENT LAST NAME	DEPENDENT FIRST NAME	SEX M/F	RELATIONSHIP	BIRTHDATE MMDDYYYY			
		1. Spouse		<input type="checkbox"/>								
		2. Children		<input type="checkbox"/>								
		3.		<input type="checkbox"/>								
	4.		<input type="checkbox"/>									
	5.		<input type="checkbox"/>									
E. BENEF.	26. INSURANCE BENEFICIARIES		BENEFICIARY SSN		BENEFICIARY LAST NAME		BENEFICIARY FIRST NAME		BENEFICIARY RELATIONSHIP		BIRTHDATE MMDDYYYY	
	BASIC LIFE											
F. CERT.	27. CERTIFICATION: I have read this NOE and made the authorizations herein and have selected the coverage noted. I have provided social security numbers and documentation establishing my dependent's eligibility of the plan(s) selected. I understand that I may cancel my coverage and/or my dependent's coverage only during an open enrollment period every two years unless otherwise provided in the Plan. Should I refuse health coverage or fail to enroll all eligible dependents in health coverage when first eligible, I and/or all eligible dependents may enroll only during an open enrollment period, unless otherwise provided in the Plan. I also understand that I will be able to add or cancel dental coverage only during the enrollment period every two years unless otherwise provided in the Plan. I understand and agree that all selected plans will not be effective unless and until the NOE is approved. I understand that the state reserves the right to alter benefits or premiums at any time to preserve the financial stability of the Plan.											
	AUTHORIZATION: I hereby authorize my employer to deduct from my salary premiums necessary to pay for all plans selected and verify by salary when necessary for enrollment. I hereby authorize any healthcare provider, prescription drug dispenser and claims administrator to release any information necessary to evaluate, administer and process all claims for any benefits. Employee Signature: _____ Date: _____											
G. AUTH.	28. I hereby attest that the employee meets eligibility requirements of plan, proper premiums are being collected, form is complete and accurate, and all required documentation is attached in order to process NOE form. Benefits Administrator Signature: _____ Date: _____											
	EIP Rev. 7/03 ORIGINAL - EIP COPY - ENTITY COPY - EMPLOYEE											

- ✓ Attach any required documentation (e.g., student certification, last name form) for any dependents being added.

### Optional Life Insurance

Employees, who are changing health or dental plans *and* enrolling in the Optional Life (OL) Insurance program or increasing OL coverage, should complete one or two NOEs, according to the criteria below.

- ✓ New participant, enrolling for up to \$30,000 coverage, or existing participant, increasing coverage *up to* an additional \$30,000 (*medical evidence for OL coverage not required*)—
  - Complete one NOE, and indicate the level of coverage on the NOE.
  - Send the NOE to EIP immediately.
- ✓ New participant, enrolling for more than \$30,000 coverage, or existing participant, increasing coverage *more than* \$30,000 (*medical evidence required*) — Complete **two** NOEs and a Personal Health Statement (PHS) from The Hartford.
  - On the first NOE, indicate the amount of OL coverage that does not require medical evidence and include the employee's choice of health and dental coverage. Send the first NOE to EIP immediately so that health and dental elections and OL elections not requiring medical evidence are not delayed.
  - Complete a second NOE, indicating the total amount of OL coverage (including the amount entered on the first NOE). Send the completed PHS to The Hartford. Keep the second NOE and a copy of the first page of the PHS until the Hartford notifies you of approval/denial. If approved, attach the approval letter to the second NOE and first page of the PHS and send them to EIP for processing. The additional OL coverage will become effective the first of the month following approval or January 1, 2004, whichever is later.

### Changes of election

If a subscriber wishes to change his/her previous election during open enrollment:

- ✓ Send another NOE, marked "REVISED OE" (for open enrollment) at the top of the form and attach a copy of the previous NOE, marked "OE."

EIP will use the NOE with the latest signature date as the final election. The revised NOE must also be made and signed on or before October 31.

### Family status changes

If a subscriber has a family status change (marriage, birth, loss of coverage, etc.) after his/her open enrollment NOE has been submitted:

- ✓ Submit the normal NOE for a family status change for the period of coverage through December 31, 2003.
- ✓ Send another NOE, marked "REVISED OE," if the family status change will affect his/her benefit elections made during open enrollment. Staple a copy of the original open enrollment NOE to the revised one.

Continued on page 8

# Submit SLTD salaries by October 31

If your entity is not part of the Comptroller General payroll group, you will need to provide the Employee Insurance Program (EIP) with salary information as of October 1, 2003, for all of your employees participating in the Supplemental Long Term Disability (SLTD) program, and who have had a change in salary since October 1, 2002. **Please submit the new salary information to EIP by October 31, 2003.**

You may submit this information in one of three ways:

## 1. Via the Internet at

[www.eip.state.sc.us](http://www.eip.state.sc.us). Submitting the salary data over the Internet is easy! The fields are already set up; simply type the data into each field and click on the button at the bottom of the screen to submit the information for each record. You

will need access to the new Employee Benefits Services (EBS) system to take advantage of this online service. Contact Mary Clark with EIP (e-mail her at [mclark@eip.state.sc.us](mailto:mclark@eip.state.sc.us) or call her at 803-734-0585 or toll-free at 1-888-260-9430) for additional information regarding the EBS system.

## 2. Via a pre-formatted diskette.

Pre-formatted diskettes were available at the Benefits at Work conference. If you did not attend and would like a diskette, contact Denise Hunter, EIP Operations, at [dhunter@eip.state.sc.us](mailto:dhunter@eip.state.sc.us) or call 803-734-0575 (toll-free at 1-888-260-9430).

## 3. Via magnetic tape (for those entities that have been using this method in the past).

If using the pre-formatted diskette or magnetic tape, the data is entered as text information with leading zeroes for the Social Security number and salary. Enter no more than 25 characters for the last name, and do not include any titles or punctuation. Examples are listed below.

## Do not submit SLTD salary information via e-mail.

If you have any questions or problems regarding submitting SLTD salary information, please contact our Help Desk at 803-737-6930.

### Text file format:

SSN:	Nine numeric characters
Last Name:	25 alpha characters
Salary:	Six numeric characters (whole dollar amounts, no cents)

Example:	012345678jones	012345
	123456789williams	023456
	223456789smith	125789

## Open enrollment tips

Clear up any outstanding rejections before beginning open enrollment.

Start open enrollment early! You don't have to wait until October 1.

Submit NOEs to EIP as you receive them; don't hold them!

All elections must be made and signed on or before October 31; employees do not have 31 days to change their minds.

November 15, 2003, is the final deadline for submitting any remaining NOEs. No extensions beyond this date!

## Important enrollment information

Continued from page 7

### Transfers and new hires

If an employee transfers from one covered entity to another (a transfer or academic transfer), with an effective date of coverage under the new employer of November 1 or December 1, 2003, the employee should:

- ✓ Complete an NOE with his/her current employer during open enrollment, marked "OE;"
- ✓ Inform his new employer of his OE elections when he begins his new job. If the new employment offers new or different choices (e.g., the new work site is in a different service area with different HMO choices, the employee moves to a different service area to begin the new job, etc.), the employee may choose to make a new election at that time.

If a new employee is hired (new hire), with an effective date of coverage of November 1 or December 1, 2003, the employee should:

- ✓ Complete an NOE to reflect choices in coverage in effect through December 31, 2003;
- ✓ Complete an open enrollment NOE (marked "OE") for changes only if the option is not available prior to January 1, 2004 (e.g., a new plan). Attach and submit this OE NOE to the new hire NOE.



# MoneyPlu\$: New Change-in-Status guidelines

The MoneyPlu\$ Program is implementing new change-in-status guidelines, effective September 1, 2003. The new guidelines allow the effective dates for mid-plan-year changes to the Medical Spending Account (MSA) and Dependent Care Account (DCA) to coincide with those for the State Health Plan. This modification should make changes in status easier for you to administer and easier for your employees to understand.

As a reminder, changes to these accounts must be requested within 31 days of the qualifying change-in-status event; otherwise, the employee must wait until the next enrollment period. The change to the MSA or DCA must also be consistent with the type of event.

## Effective dates

These qualified change-in-status events become effective on the **date of the event**:

- Marriage;
- Birth, adoption or placement of child;
- Loss of coverage.

This qualified change-in-status event becomes effective on the **day after the date of the event**:

- Death (spouse or dependent).

The remaining qualifying events become effective on the **first of the month following the date of the event**:

- Divorce or legal separation;
- Change in dependent care provider;
- Dependent becomes ineligible or

becomes eligible;

- Gain of other coverage;
- Change in employment status (full-time to part time or vice versa);
- Unpaid leave (employee or spouse).

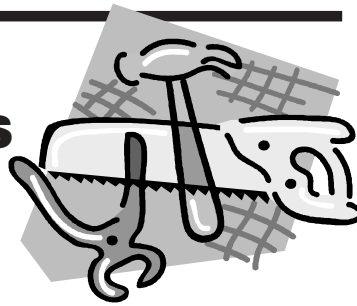
**Continued on page 11**

## Handy tools for estimating MoneyPlu\$ deductions

Your employees may need assistance in estimating their medical or dependent care expenses before they decide how much to contribute to the MoneyPlu\$ Medical Spending Account (MSA) or Dependent Care Account (DCA). Be sure to let them know there are two tools available that can help.

First is the MoneyPlu\$ Flexible Spending Accounts Worksheet that helps them estimate medical and dependent care expenses as well as calculate the amount they need to contribute per pay period. They should include in their estimates the \$2.50 monthly administrative fee each for the Medical Spending and Dependent Care accounts. This worksheet is available on the EIP Web site at [www.eip.state.sc.us](http://www.eip.state.sc.us).

Second is the Tax Analysis Software, available on Fringe Benefits Management Company's Web site at [www.fbmc-benefits.com](http://www.fbmc-benefits.com), under the Customer Service Tab. It can help your employees estimate how much tax savings they'll realize by contributing to an MSA or DCA—in the short run and in the long run.



## Top five reasons MoneyPlu\$ claims are rejected

Approximately 15 percent of Medical Spending and Dependent Care claims are rejected initially. Here are the top five reasons:

1. **Duplicate request** (the expense was submitted previously);
2. **Type of service provided not indicated** (additional information about expense is needed);
3. **Amount in excess of annual election** (some or all of the expense is rejected because the annual election amount has been reached);
4. **Service not incurred during period of coverage** (the expense was incurred outside the eligible period of coverage (for example, a medical expense claim for a new spouse is rejected because the service was incurred prior to the date of marriage).
5. **Date(s) of service required** (verification of the date service was incurred is needed if it is not on the receipt).



## What you can expect to receive

Continued from page 3

### **Companion HealthCare** (803-382-5252; fax: 803-714-6461)

- Printed provider directories will be sent upon request this year. The Companion provider directory is available online at [www.companionhealthcare.com](http://www.companionhealthcare.com). Printed copies are available by completing the Companion HealthCare order form you received at the BAW conference or by calling the number above.

### **MUSC Options** (803-382-5469 or toll-free at 1-800-327-3183, ext. 25469)

- Printed provider directories will not be sent this year; however, the MUSC Options provider directory is available online at [www.companionhealthcare.com](http://www.companionhealthcare.com). Printed copies are available by completing the Companion HealthCare order form that you received at the BAW conference, or by calling the number above.

### **TRICARE Supplement** (to be announced)

### **From the State Dental Plan/Dental Plus** (third-party administrator to be announced)

At this time, we anticipate:

- New dental cards will be issued directly to subscribers prior to January 1.
- Claim forms will be available on the EIP Web site at [www.eip.state.sc.us](http://www.eip.state.sc.us) and upon request.

### **Optional Life** (The Hartford) (1-888-803-7346, ext. 3648)

- Brochures and ID cards for the Travel Assistance Program will be sent to you for distribution to your employees prior to January 1. You may wish to distribute them along with the *Insurance Benefits Guide*.
- The newly revised Personal Health Statement is available on the EIP Web site at [www.eip.state.sc.us](http://www.eip.state.sc.us). A supply of printed forms will also be sent to you from EIP Supply staff.

### **Long Term Care** (Aetna) (860-273-5443)

- A benefits administrator folder that was given out at the BAW conference that contains the following (If you did not attend the conference, call the number above to order your folder):
  - An announcement letter from EIP;
  - A campaign timeline;
  - Sample flyers and a sample four-page newsletter you can order;
  - A sample enrollment meeting handout that includes an outline of the new options offered and the rates;
  - Sample brochures to distribute to your employees;
  - A sample enrollment meeting poster with Aetna's Web site address and a special hotline number.
- Enrollment kits that will include enrollment forms for employees and enrollment forms for eligible family members, along with other necessary information, will be available to employers in limited bulk quantities by visiting [www.aetna.com/groups/southcarolina](http://www.aetna.com/groups/southcarolina) or by calling the toll-free, hotline number (to be announced).



### **MoneyPlu\$** (1-800-872-0345)

Prior to October 1, you should receive:

- A general informational brochure on the MoneyPlu\$ Program to be distributed to all employees;
- Marketing posters to display at your worksite(s);
- Enrollment forms for the Medical Spending/Dependent Care accounts;
  - Following enrollment and prior to January 1, employees who sign up for the Medical Spending Account and/or Dependent Care Account will receive welcome packets, directly by mail, that will include:
    - A new MoneyPlu\$ booklet that outlines the program and its guidelines;
    - A Reimbursement Request Form;
    - A Direct Deposit Form.

**Coming this fall ...**

## **New EIP Web site provides valuable information on insurance options, good health and saving money**



Looking for ways to hold down your insurance premiums? Need a particular form? Want to know what your rates are and what benefits options you have? You will soon be able to find it all in one place: The new Employee Insurance Program Web site at [www.eip.state.sc.us](http://www.eip.state.sc.us).

We're putting together a broad range of information that shows how the State Health Plan continues to be a good value—and offers great benefits at a competitive price—despite budget cuts, rising costs and revenue shortfalls.

You'll also find links that can help you maintain a healthier lifestyle, check the status of your claim online, contact a customer service representative and more.

Whether you want answers or information, it'll be right at your fingertips at [www.eip.state.sc.us](http://www.eip.state.sc.us).

*There will also be more information just for benefits administrators.* On the new site, you'll be able to log on (just as you do on the current site to order forms) for immediate access to important information and materials to help you. Stay tuned for more details!

### **MoneyPlu\$**

[Continued from page 9](#)

Payroll adjustments should coincide with the effective dates of the changes in status.

### **New Change In Status Form**

Fringe Benefits Management Company (FBMC) has designed a new *Change In Status Form* for making election changes to Medical Spending and Dependent Care accounts. The following information is required on the new form:

- Employee information (e.g., mailing address, Social Security number, etc.);
- Type of qualified change in status;
- Type of change requested (e.g., change existing MSA account, start DCA account, etc.);
- Payroll adjustment information (annual election, amount contributed to date, amount remaining with new election, new per-pay-period deduction, effective date of new election, payroll change effective date, etc);
- Employee signature/date;
- Benefits administrator's signature, contact information and date.

By your signature, you, as the benefits administrator, are certifying that you have reviewed the appropriate documentation to verify the qualifying event and eligibility for the change in status. The Change In Status Form must be completed and signed within 31 days of the qualifying event.

### **Submitting the form**

FAX the completed form to FBMC at 850-514-5805 right away—do not delay! If FBMC does not receive the form before the participant submits the claims related to the change in status, the claims will be rejected. Also, if FBMC does not receive adjusted payroll data that matches the payroll effective date on the form, any claims for the period in question may also be denied.

1. In the **Note** field, we've included a message: *Your employer provides Basic Life and Basic Long Term Disability Insurance at no cost to you.*
2. We've added a column—**Employer**. This shows your employees the premium amounts that their employer pays for their coverage.

In difficult times, we thought it might be good to let your employees know their insurance is still a great value, thanks, in part, to what their employer provides.

<b>BENEFITS STATEMENT SUBSCRIBERS OF INSURANCE PROGRAMS PROVIDED BY SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD EMPLOYEE INSURANCE PROGRAM</b>			
STATEMENT DATE	ENROLLMENT PERIOD	SOCIAL SECURITY NUMBER	DATE OF BIRTH
08/14/03	OCT. 1 THRU OCT. 31, 2003	000-88-9999	09/30/1965

<p>TREALER, SUZANNE L 2 TRACTOR LANE LEXINGTON, SC 29202</p> <p><b>Note:</b> Your employer provides Basic Life and Basic Long Term Disability Insurance at no cost to you.</p>	<b>PLAN</b>	<b>COVERAGE LEVEL</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>
	HEALTH PLAN: HMO/ CIGNA	FULL FAMILY	\$466.72	\$317.44
	DENTAL PLAN: STATE DENTAL PLAN	FULL FAMILY	\$11.71	\$21.34
	DENTAL PLUS: STATE DENTAL PLUS	FULL FAMILY		\$45.86
	DEPENDENT LIFE/CHILD:	\$10,000		\$1.50
	DEPENDENT LIFE/SPOUSE:	\$20,000		\$1.92
	OPTIONAL LIFE:	\$70,000		\$6.72
<b>SUPPLEMENTAL LONG TERM DISABILITY: 180 DAY</b>		<b>\$25,677</b>		<b>\$1.74</b>

DEPENDENTS				LIFE BENEFICIARIES	
SSN	NAME	DOB	H	D	O/L LTC
080-88-9999	TREALER, JAKE M	02/14/60	*	*	*
099-88-9999	TREALER, MATT	02/24/90	*	*	*
099-89-9898	TREALER, RONDA	04/04/92	*	*	*
909-98-8899	TREALER, ROSE	09/03/00	*	*	*

* INDICATES COVERAGE		* INDICATES YOUR BENEFICIARY	
MONEYPLUS DEDUCTIONS		SUBSCRIBER	
TYPE OF MONEYPLUS DEDUCTION	DEDUCTION	UNITS	PREMIUM
ADMINISTRATIVE FEE		100	\$14.20
INSURANCE PREMIUMS			
MEDICAL SPENDING			
DEPENDENT DAY CARE			

* INDICATES YOUR BENEFICIARY	
SPOUSE	
UNITS	PREMIUM
150	\$29.40

<b>CODES:</b> BL = BASIC LIFE D = DENTAL DL = DEPENDENT LIFE DOB = DATE OF BIRTH	H = HEALTH LTC = LONG TERM CARE OL = OPTIONAL LIFE SSN = SOCIAL SECURITY NUMBER
--	--

TOTAL LTC PREMIUMS ►	\$43.60
----------------------	---------

THE LISTED COVERAGES AND PREMIUMS ARE BASED ON EMPLOYEE INSURANCE PROGRAM ENROLLMENT RECORDS FOR STATE PROGRAMS ONLY. IF THIS DISAGREES WITH YOUR RECORDS OR IF YOU HAVE QUESTIONS, CONTACT YOUR BENEFITS ADMINISTRATOR. IF A DISCREPANCY OCCURS, THE LAST SIGNED NOTICE OF ELECTION FORM ON RECORD WILL DETERMINE COVERAGE.

**Frank Fusco**  
Executive Director